

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be additional reimbursement of \$7,760.00 for dates of service 11/12/01 through 11/21/01.
- b. The request was received on 02/13/02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. TWCC 60
 - b. HCFA(s)
 - c. TWCC 62 forms
 - d. Reimbursement data
 - e. Medical Records
 - f. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Based on Commission Rule 133.307 (g) (4), the Division notified the insurance carrier Austin Representative of their copy of the request on 05/23/02. The Respondent did not submit a response to the request. The "No Response Submitted" sheet is reflected in Exhibit II of the Commission's case file.
3. Notice of Medical Dispute is reflected as Exhibit III of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor:
 - a. There is not a letter in the dispute packet Requesting Dispute Resolution.

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only dates of service eligible for review are those commencing on 11/12/01 extending through 11/21/01.
2. The carrier's EOB denial submitted is "M-REIMBURSED PER THE INSURANCE CARRIERS FAIR AND REASONABLE ALLOWANCE."

3. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	BILLED	PAID	EOB Denial Code(s)	MARS	REFERENCE	RATIONALE:
11/12/01	97799-CP-AP	\$1,600.00 (8.0 units)	\$640.00	M	DOP \$175.00 (per hour)	TWCC Act & Rules Sec. 413.011 (d), Rules 133.304 (i) & 133.305 (i) MFG;MGR (II)(C)(G)	<p>The carrier has not submitted documentation or methodology used to determine a fair and reasonable reimbursement, which complies with Rule 133.304(i).</p> <p>The provider has included in their dispute packet, documentation (EOBs from other carriers) that indicates a higher rate of reimbursement per Sec. 413.011 (d). The provider is a non- CARF accredited facility. The provider billed in accordance with the referenced Rule and medical documentation indicates that the services were rendered.</p> <p>Regardless of the carrier's lack of methodology and response, the burden remains on the provider to show that the amount of reimbursement requested is fair and reasonable. In light of recent SOAH decisions, where providers have submitted EOBs for documenting fair and reasonable reimbursements, SOAH has placed minimal value on EOBs for documenting fair and reasonable. The willingness of some carriers to reimburse at or near the billed amount is fair and reasonable and does not show how effective medical cost control is achieved, a criteria identified in Sec. 413.011 (d) of the Texas Labor Code. Therefore, additional reimbursement is not recommended.</p>
11/13/01		\$1,600.00 (8.0 units)	\$640.00	M			
11/14/01		\$1,600.00 (8.0 units)	\$640.00	M			
11/15/01		\$1,600.00 (8.0 units)	\$640.00	M			
11/16/01		\$1,600.00 (8.0 units)	\$640.00	M			
11/19/01		\$1,600.00 (8.0 units)	\$640.00	M			
11/20/01		\$1,300.00 (6.5 units)	\$260.00	M			
11/21/01		\$1,600.00 (8.0 units)	\$640.00	M			
Totals		\$15,200.00	\$6,400.00				The Requestor is not entitled to additional reimbursement.

The above Findings and Decision are hereby issued this 16th day of July 2002.

Michael Bucklin, LVN
Medical Dispute Resolution Officer
Medical Review Division

MB/mb

This document is signed under the authority delegated to me by Richard Reynolds, Executive Director, pursuant to the Texas Workers' Compensation Act, Texas Labor Code Sections 402.041 - 402.042 and re-delegated by Virginia May, Deputy Executive Director.